

Interview Date:	Processing Time: :HR :MIN
Approval:	Action Taken:
Interviewer:	Computer Entry:

PRE-COMPLAINT QUESTIONNAIRE - HOUSING

The information requested on this form will help us to help you. There is no guarantee that the information submitted will constitute a basis for filing a formal complaint. Please check or answer only those questions that apply.

PLEASE PRINT DATE

NAME (First) (Middle) (Last)			SEX FEMALE MALE		AGE
ADDRESS (Number and Street) (Apt. #) (City) (County) (ZIP Code)					
TELEPHONE NUMBERS AND AREA CODES HOME ()		(Ext.)	DO YOU PREFER TO BE CONTACTED AT: HOME WORK		
WORK ()			PREFERRED TIME		PREFERRED DAYS
NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED TELEPHONE NUMBER ()					

LIST THE NAMES AND TELEPHONE NUMBERS OF OTHER ADULTS WHO SOUGHT THE HOUSING WITH YOU:		
NAME	HOME TELEPHONE	WORK TELEPHONE
	()	()
	()	()

LIST THE NAMES AND AGES OF CHILDREN WHO SOUGHT THE HOUSING WITH YOU:			
NAME	AGE	NAME	AGE

1. I WISH TO COMPLAIN AGAINST: (check one or more of the following)						
OWNER	MANAGER	DEVELOPER	MANAGEMENT COMPANY	REAL ESTATE AGENT/BROKER	LENDING INSTITUTION	OTHER (Please specify)
NAME			TITLE		TELEPHONE NUMBER ()	
ADDRESS (Number and Street) (City) (County) (Zip Code)						
OTHERS					TELEPHONE NUMBER ()	
ADDRESS (Number and Street) (City) (County) (Zip Code)						
TYPE OF PROPERTY SINGLE HOME APARTMENT OTHER (Specify)				NUMBER OF UNITS AT LOCATION		
NAME OF PROPERTY (If Applicable)						

2. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY:							
RACE	COLOR	NATIONAL ORIGIN/ANCESTRY	SEX	SEXUAL ORIENTATION	MARITAL STATUS	SOURCE OF INCOME	FAMILIAL STATUS (Children)
RELIGION (Name of Religious Creed)		DISABILITY (Please specify)		OTHER (Please specify)			
DISCRIMINATORY ACTION							

RENTAL/LEASE DENIED

SALES/FINANCE DENIED

EVICTON

TERMS AND CONDITIONS

OTHER *(Please Specify)* _____

DFEH-700-01 (12/99)

3. IF REFUSED TO SHOW, RENTAL/LEASE DENIED, OR SALES/FINANCE DENIED, COMPLETE THE FOLLOWING:*(How did you first know of the vacancy?)*NEWSPAPER _____
(Please specify and enclose copy of advertisement if possible) *(Date)*POSTED SIGN RENTAL AGENCY _____
*(Please specify)*TENANT FRIEND OTHER _____
*(Specify)**(What were the terms?)*TO BUY: SALES PRICE
DOWN PAYMENT REQUESTED
INTEREST RATE

FINANCE SOURCE _____

(Enclose copy of deposit receipt)

TO RENT/LEASE:

RENTAL PRICE \$ _____

DEPOSIT REQUIRED \$ _____
(Yes) (No)

UTILITIES INCLUDED?

GARBAGE INCLUDED?

PARKING INCLUDED?

(Method of Payment)

DAILY WEEKLY MONTHLY

*(Number of persons to occupy dwelling)**(List any pets)**(Application completed?)*YES NO *(If "NO," give reason)* _____

DATE APPLIED

DATE DENIED

REASON GIVEN _____

NAME OF PERSON WHO MADE DENIAL

TITLE

*(Contract/lease signed?)*YES NO *(If "YES," specify type)* _____ *(Enclose copy if possible)***4. IF EVICTED, COMPLETE THE FOLLOWING: *(Enclose copies if possible)***

DATE OF INITIAL NOTICE

DATE REQUIRED TO
VACATEHAVE YOU BEEN SERVED A
NOTICE OF UNLAWFUL DETAINER?

YES NO

DATE OF NOTICE

COURT DATE

WHAT WERE YOU TOLD WAS THE REASON FOR EVICTION?

_____*(Do you know of others who have been evicted? If so, please list.)*

NAME

TELEPHONE NUMBER

()

()

()

5. LIST THE NAMES AND TELEPHONE NUMBERS (IF POSSIBLE) OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT:

NAME

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

()

()

()

()

()

()

6. LIST THE NAMES OF INDIVIDUALS WHO OBTAINED THE HOUSING YOU SOUGHT, IF KNOWN:_____

7. WHAT INFORMATION DO YOU HAVE TO INDICATE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER TENANTS/APPLICANTS?
(Use extra sheets if necessary.)

8. IF AN INVESTIGATION PROVES YOU WERE DISCRIMINATED AGAINST, WHAT REMEDY ARE YOU SEEKING?

9. OTHER ACTIONS

(Have you filed with:)

UNITED STATE DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT?

YES

NO

ANY OTHER AGENCY OR GROUP?

YES*

NO

*(If "YES," give)

NAME

TELEPHONE NUMBER

()

ADDRESS

(Number and Street)

(City)

(Zip Code)

CONTACT PERSON

WHAT HAS THIS PERSON DONE FOR YOU ON THIS PROBLEM?

(Do you plan to take this matter to court?)

YES

NO

UNDECIDED

(Are you represented by an attorney in this matter?)

YES

NO

NAME OF ATTORNEY

TELEPHONE NUMBER

()

ADDRESS

(Number and Street)(City)

(Zip Code)

10. I LEARNED ABOUT THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING FROM: (Be specific)

11. PERSONAL DATA:

BLACK

HISPANIC

FILIPINO

AMERICAN

ASIAN

ANGLO/CAUCASIAN

OTHER

INDIAN

(Please specify)

Social Security Number: ____ - ____ - ____
(The Federal Privacy Act of the 1974 prohibits a state government agency from requiring disclosure of an individual's Social Security Number. Disclosure of your Social Security number is voluntary.)

DATE OF BIRTH

____ / ____ / ____

EMPLOYED BY		JOB TITLE	
LENGTH OF TIME WITH EMPLOYER	MONTHLY INCOME		OTHER INCOME

DO NOT WRITE IN THIS AREA
INTERVIEWER'S NOTES

Complainant's assertions:

What does Complainant say will be the Respondent's position?

Comparative data/relevant information:

Complaint taken for investigation: Yes ___ No ___

If taken, additional remedy information:

If not taken, rationale:

Complainant advised of statute of limitations? Yes ___ No ___
Complainant advised of other agencies? Yes ___ No ___

Date statute runs: _____

FOR OFFICIAL USE ONLY

DFEH CODE: LAW ____ BASIS ____ ACT ____ REJECT ____ PUBLIC ____

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